

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030897

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3998 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 20 1962

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 43yrs.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 612 East 9th Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 612 East 9th Inside Limits Yes No

3. NAME OF DECEASED First Middle Last Gladys Coen
 4. DATE OF DEATH Aug. 2-1962

5. SEX Female 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 23 June 1889 9. AGE (last birthday) 73

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) Sterling Kansas 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME E. M. GARRETT 13b. MOTHER'S MAIDEN NAME
 14. NAME OF HUSBAND OR WIFE John P. Coen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. 16. SOCIAL SECURITY NO.
 17. INFORMANT 9 John P. Coen 612 E. 9th Address

18. CAUSE OF DEATH (Enter only one cause per line)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Arteriosclerosis Heart Disease
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 1954 to 8-2-62 and last saw her alive 7-29-62
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. Owens (Degree or title) 22b. ADDRESS 152 Union Station
 22c. DATE SIGNED 8-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 8-4-1962 23c. NAME OF CEMETERY OR CREMATORY Holton Cemetery 23d. LOCATION (City, town, or county) Holton Kansas

24. FUNERAL DIRECTOR Hapetina 538 Campbell St. ADDRESS 25. DATE RECD. BY LOCAL REG. 8-3-62 26. REGISTRAR'S SIGNATURE R. Ruth Long

VS 300 Rev. 4/59

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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF H. Owens

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

on by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack E. Moore

Licensed Embalmer No. 4729

P. O. Address Trumbull, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.